

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



December 18, 1981

ALL-COUNTY INFORMATION NOTICE I-155-81

TO:

ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL LICENSED PUBLIC AND PRIVATE ADOPTION AGENCIES
ALL DSS DISTRICT ADOPTION OFFICES

SUBJECT: AB 2749 FORMS AND AGREEMENTS

REFERENCE:

The purpose of this letter is to provide you with advance copies of the AFDC-Foster Care (FC) forms and agreements to be used in conjunction with the regulations implementing AB 2749 (Chapter 1166, Stats. 1980) effective January 1, 1982.

This package includes four forms (three revised, one new) and two agreements (one revised, one new). The forms and agreements were developed with input from the County Welfare Director's Association, the County Forms Advisory Committee (CFAC) and the department, and reflect the AFDC-FC Program changes resulting from passage of AB 2749. The forms also reflect a new AFDC-FC forms numbering system. The forms' prefix has been changed from CA to FC, making it easier to identify forms unique to the AFDC-FC Program. In addition, the sequential numbering system simplifies the numbering of current and new AFDC-FC forms.

Following is a brief explanation of each form and agreement in this package.

1. FC 2 (formerly CA 2X) - Statement of Facts Supporting Eligibility for AFDC-Foster Care (FC)

The FC 2 is a simplified version of the CA 2, Statement of Facts Supporting Eligibility for AFDC and may be used instead of the CA 2 in certain circumstances. The FC 2 is designed specifically for the AFDC-FC Program and is used to obtain information to determine whether the child meets the general AFDC-FC eligibility requirements. At county option, the placement worker may complete the FC 2 instead of the CA 2 at application and redetermination when the parent or legal guardian is unavailable, deceased, incapacitated or not cooperating. Also at county option, the parent or legal guardian, who is available and cooperating may complete the FC 2 instead of the CA 2 at the six-month redetermination. The FC 2 may not be completed by the parent or legal guardian at application. The FC 2 is a Required Form - No Substitute Permitted. If the county opts to use the FC 2 instead of the CA 2, no modification or substitution may be made to the form (see MPP Section 23-400.111).

2. FC 3 (formerly CA 350) - Determination of Federal AFDC-FC Eligibility

This form is completed by the eligibility worker (EW) for all court ordered cases to determine whether the child is eligible for the federal AFDC-FC Program. To complete the form, the EW will need to obtain information from various other documents (e.g., CA 2 or FC 2, FC 5, and the companion AFDC-FG/U case) as well as from other individuals, such as the placement worker and the parent or relative from whom the child was removed. The reverse of the form is the AFDC-FG/U Linkage Worksheet which must be completed to determine whether AFDC-FG/U eligibility would have existed in the month of the petition when the child did not actually receive such benefits. The FC 3 is a Required Form - Substitute Permitted with prior department approval (see MPP Section 23-400.112).

3. FC 4 (formerly CA 1002) - AFDC Program Choice Indicator

This form is used in all cases when a child is placed with a relative and meets the eligibility requirements of both the AFDC-FG/U program and the federal AFDC-FC Program. It contains information describing the two programs and is used in discussion with the caretaker relative to explain the child's dual program eligibility and to document the caretaker relative's program choice. The EW completes the informational portion of the form. The EW or placement worker then presents the form and explains the programs to the caretaker relative who then indicates under which program he/she chooses to receive aid on behalf of the child. This form is completed in duplicate with the original retained in the income maintenance case record and a copy given to the caretaker relative. The FC 4 is a Required Form - Substitute Permitted with prior department approval (see MPP Section 23-400.112).

4. FC 5 - Certification of AFDC-FC Requirements

The purpose of this new form is to document that certain AFDC-FC eligibility requirements regarding the authority for placement, provision of services, placement in an eligible facility and payee requirements have been met. The form is completed by the placement worker and forwarded to the EW at application, redetermination and when other changes in case circumstances which affect AFDC-FC eligibility occur. The EW uses the information obtained on this form to determine eligibility and to complete the FC 3 described above. The FC 5 is completed in duplicate with the original retained in the income maintenance case record and a copy retained in the service case record. The FC 5 is a Required Form - Substitute Permitted with prior departmental approval (see MPP Section 23-400.112).

5. CWD/Probation Agreement

The CWD/Probation Agreement is used to formalize the agreement between the county welfare department (CWD) and the probation department as required by federal regulations, current state law/regulations and the regulations implementing AB 2749. The attached version is a model agreement which sets forth the responsibilities of each agency.

6. CWD/Adoption Agency Agreement

This new CWD/Adoption Agency Agreement is used to formalize the agreement between the CWD and a public or private adoption agency as required by federal regulations and the regulations implementing AB 2749. The attached version is a model agreement which sets forth the responsibilities of each agency.

The CWD/Probation Agreement and CWD/Adoption Agency Agreement must be executed prior to or on April 1, 1982 and subsequently, when either agreement is revised and at each county's option. CWDs should submit a copy of all executed agreements to the AFDC Foster Care Bureau, 744 P Street, Mail Station 16-29, Sacramento, California, 95814.

The current version of the CA 2X (10/78), CA 350 (4/79) and the CA 1002 (4/80) will become obsolete after December 31, 1981. CWDs/agencies are to begin using the new versions of the above forms effective January 1, 1982. The FC 5 is to be used for all new cases effective January 1, 1982 and for continuing cases as redetermination or other changes affecting eligibility occur.

Supplies of the FC 2, FC 3 and FC 4 will be available December 21, 1981. The FC 2 and FC 4 will be in pads of 100, the FC 3 will be in single sheets (EA). Supplies of the FC 5 will be printed in carbon sets (two forms per set) and will be available January 5, 1982. CWDs/agencies should submit orders for all forms immediately by sending a completed form GEN 727B County Forms Order to the DSS Warehouse, Post Office Box 22429, Sacramento, California 95822 - 3799. Orders for the FC 5 should be submitted on a separate form GEN 727B. Since the FC 5 will not be available by January 1, 1982, counties should use the attached advance copy for printing an interim supply until the DSS supplies are received.

The FC 2 and FC 4 will be available in Spanish in approximately three months. County welfare departments will be notified via the GEN 127 Notice of Form Change when supplies are available for ordering.

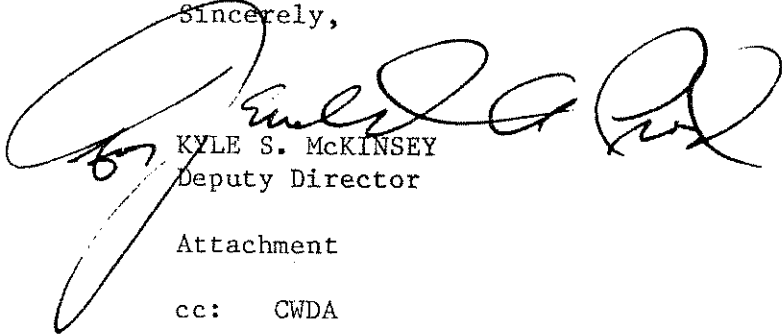
As with all new or revised AFDC forms, your comments or suggestions for future improvement are welcome. Please forward them to:

AFDC Forms Coordinator
AFDC Program Systems Bureau
744 P Street, Mail Station 16-31
Sacramento, CA 95814

If you have any questions regarding the attached forms and agreements, please contact the appropriate agency or individual as follows:

County welfare departments should contact your AFDC Management Consultant at (916) 445-4458. County probation departments and licensed public or private adoption agencies should direct questions to your county welfare department. DSS district adoption offices should contact your Adoption Consultant.

Sincerely,



KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

STATEMENT OF FACTS SUPPORTING ELIGIBILITY FOR AFDC-FOSTER CARE (FC)

INSTRUCTIONS: Complete in ink all questions to the left of the heavy black line. The parent/legal guardian may complete this form instead of the CA 2 at redetermination only. The placement worker may complete this form instead of the CA 2 at application and redetermination when the parent/legal guardian is:

☐ Not available ☐ Not cooperating ☐ Deceased ☐ Incapacitated

1. NAME OF CHILD #1			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS			SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE	BIRTHPLACE	
DATE			
NAME OF CHILD #2			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS			SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE	BIRTHPLACE	
DATE			
NAME OF CHILD #3			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS			SOCIAL SECURITY NUMBER
SOCIAL SECURITY NUMBER APPLIED FOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	BIRTHDATE	BIRTHPLACE	
DATE			

2. IS THE CHILD A CITIZEN OF THE UNITED STATES?	CHILD #1 <input type="checkbox"/> YES <input type="checkbox"/> NO
	CHILD #2 <input type="checkbox"/> YES <input type="checkbox"/> NO
	CHILD #3 <input type="checkbox"/> YES <input type="checkbox"/> NO

3. MOTHER OF CHILD #1		MAIDEN NAME
ADDRESS (LAST KNOWN)		
FATHER OF CHILD #1		ADDRESS (LAST KNOWN)
MOTHER OF CHILD #2		MAIDEN NAME
ADDRESS (LAST KNOWN)		
FATHER OF CHILD #2		ADDRESS (LAST KNOWN)
MOTHER OF CHILD #3		MAIDEN NAME
ADDRESS (LAST KNOWN)		
FATHER OF CHILD #3		ADDRESS (LAST KNOWN)

4. INDICATE WHICH PARENT(S) OF THE CHILD IS DECEASED, INCAPACITATED, UNEMPLOYED OR ABSENT.										
	CHILD #1 MOTHER FATHER	CHILD #2 MOTHER FATHER								
Deceased	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Incapacitated	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Unemployed	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
Absent	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

5. COMPLETE BELOW FOR CHILDREN AGE 16 OR OVER.			
CHILD	Name	SCHOOL OR TRAINING PROGRAM Location	SCHOOL UNITS Hours Per Week
# 1			
# 2			
# 3			

ELIGIBILITY WORKER ONLY

☐ APPLICATION ☐ REDETERMINATION

CASE NAME

CASE NUMBER

VERIFICATION

AUTHORITY FOR PLACEMENT

Refer to the FC 5:

	CHILD #1	CHILD #2	CHILD #3
COURT ORDER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VOLUNTARY PLACEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELINQUISHMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEGAL GUARDIANSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AGE

SOCIAL SECURITY NUMBER

CITIZENSHIP/ALIEN STATUS

CHILD SUPPORT REFERRAL

DEPRIVATION

SCHOOL ATTENDANCE

CHILD #1		CHILD #2		CHILD #3																																																							
ETHNIC ORIGIN CODE 1 2 3 4 5 6 7 WH SP BI AA AI O F		ETHNIC ORIGIN CODE 1 2 3 4 5 6 7 WH SP BI AA AI O F		ETHNIC ORIGIN CODE 1 2 3 4 5 6 7 WH SP BI AA AI O F																																																							
PRIMARY LANGUAGE ITEM 1 2 3 4 5 6 7 SP CH J K F O E		PRIMARY LANGUAGE ITEM 1 2 3 4 5 6 7 SP CH J K F O E		PRIMARY LANGUAGE ITEM 1 2 3 4 5 6 7 SP CH J K F O E																																																							
SIGNATURE OF ELIGIBILITY WORKER		SIGNATURE OF ELIGIBILITY WORKER		SIGNATURE OF ELIGIBILITY WORKER																																																							
DATE		DATE		DATE																																																							
NAME OF AGENCY		NAME OF AGENCY		NAME OF AGENCY																																																							
<p>11 DOES THE CHILD HAVE REAL OR PERSONAL PROPERTY? IF YES, INDICATE WHICH CHILD, LIST TYPE OF PROPERTY (LAND, CASH, AUTO, MOTORCYCLE, LIFE INSURANCE, TRUST FUND, etc) AND ITS VALUE.</p> <p>10 IS EITHER PARENT OF THE CHILD A VETERAN? IF YES, INDICATE WHICH CHILD, WHICH PARENT, BRANCH OF SERVICE, AND MILITARY SERIAL NUMBER.</p> <p>9 IS AN APPLICATION FOR INCOME PENDING? IF YES, INDICATE WHICH CHILD, TYPE OF INCOME AND DATE OF APPLICATION.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CHILD #1</th> <th colspan="2">CHILD #2</th> <th colspan="2">CHILD #3</th> </tr> </thead> <tbody> <tr> <td>Social Security</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Child Support</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Railroad Retirement</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SSI/SSP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VA Benefits</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Salary Wages</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other (Specify)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Amount Per Month</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> </tbody> </table> <p>8 DOES THE CHILD HAVE INCOME? IF YES, LIST THE AMOUNT(S) BELOW.</p> <p>7 DOES THE CHILD HAVE PRIVATE MEDICAL/HEALTH INSURANCE? IF YES, INDICATE WHICH CHILD AND LIST NAME OF COMPANY AND POLICY NUMBER.</p> <p>6 IS THE CHILD AGE 16-17 REGISTERED FOR WORK? IF YES, INDICATE WHICH CHILD AND EXPLAIN.</p>						CHILD #1		CHILD #2		CHILD #3		Social Security	\$	\$	\$	\$	\$	Child Support						Railroad Retirement						SSI/SSP						VA Benefits						Salary Wages						Other (Specify)						Total Amount Per Month	\$	\$	\$	\$	\$
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<p>ELIGIBILITY WORKER ONLY</p> <p>VERIFICATION</p> <p>WORK REGISTRATION</p>																																																											

DETERMINATION OF FEDERAL AFDC-FC ELIGIBILITY

INSTRUCTIONS: Complete this form in all cases when a juvenile court order has been issued. To be eligible for federal AFDC-FC, items ① through ⑧ must be answered YES. Complete all items. Complete the Verification column with information from the CA 2 or FC 2 and FC 5.

Child's Name		Case Name		Case Number	Court Number
Date of Petition which led to Court Order for Removal		Date of Detention Order Resulting in Removal (If applicable)		Date of Jurisdictional/Dispositional Order Resulting in Removal	
Name of Relative From Whom Removed					
FEDERAL AFDC-FC ELIGIBILITY REQUIREMENTS					VERIFICATION
① The child meets all general AFDC-FC eligibility requirements as established on the CA 2 or FC 2. <input type="checkbox"/> Yes <input type="checkbox"/> No					
② The child was removed from the home of a parent or relative by either of the following juvenile court orders: <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> Detention Order b. <input type="checkbox"/> Jurisdictional/Dispositional Order					
③ The above court order designates responsibility for placement and care to either the county welfare department or probation department, and <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> Is currently in effect; or b. <input type="checkbox"/> Was dismissed because: <div style="margin-left: 20px;"> <input type="checkbox"/> Parental rights were terminated/child was relinquished to a public adoption agency; or <input type="checkbox"/> Child turned 18 and has signed a mutual agreement with the placement agency. </div>					
④ The child meets one of the following AFDC-FG/U linkage requirements: <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> In the month of the petition which led to the court order for removal, the child was living in the home of the parent or relative from whom removed and receiving federal AFDC-FG/U. <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> AFDC-FG/U case number <hr/> Date child discontinued from AFDC-FG/U </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Basis of deprivation in month of petition was due to either parent's: <input type="checkbox"/> Death <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment (Federal "U" Program) <input type="checkbox"/> Absence </div>					
b. <input type="checkbox"/> In the month of the petition which led to the court order for removal, the child was living in the home of the parent or relative from whom removed and would have received federal AFDC-FG/U had application been made. (Complete back of form.) c. <input type="checkbox"/> The child had been living in the home of the parent or relative from whom removed within six months prior to the month of the petition which led to the court order for removal and the child would have received federal AFDC-FG/U in the month of the petition had he/she still been living with that relative and had application been made. (Complete back of form.)					
⑤ The child is placed with either of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> Nonrelative b. <input type="checkbox"/> Relative, other than the parent or relative from whom removed					
⑥ The child resides in one of the following: <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> Family home licensed by CWD or SDSS b. <input type="checkbox"/> Approved family home; certified, license-pending c. <input type="checkbox"/> Approved family home; exempt from licensure d. <input type="checkbox"/> Exclusive-use home certified by licensed homefinding agency e. <input type="checkbox"/> Private, nonprofit group home licensed by SDSS					
⑦ Payment will be made to one of the following payees: <input type="checkbox"/> Yes <input type="checkbox"/> No					
a. <input type="checkbox"/> The family home or group home indicated above b. <input type="checkbox"/> The CWD or probation placement worker c. <input type="checkbox"/> A cooperating public or private child care or child placement agency (e.g. licensed homefinding agency)					
⑧ The child will not be receiving SSI/SSP as of the effective date of the first federal AFDC-FC payment or while receiving federal AFDC-FC. <input type="checkbox"/> Yes <input type="checkbox"/> No					
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Not Eligible for federal AFDC-FC. <input type="checkbox"/> Insufficient Information. Not eligible for federal AFDC-FC. <input type="checkbox"/> Eligible for federal AFDC-FC. Items ①-⑧ answered YES. </div>					Effective Date of Federal Eligibility
Eligibility Worker Signature					Date Completed

AFDC-FG/U LINKAGE WORKSHEET

INSTRUCTIONS: Complete the following to determine if the child would have received federal AFDC-FG/U in the month of the petition based on the circumstances in the home of the parent or relative from whom the child was removed. The AFDC-FG/U linkage requirement is met when all 4 items are answered YES. When the AFDC-FG/U linkage determination is completed, check the applicable box(es) in item 4 on the front of the form and proceed.

Child's Name		Month of Petition		Date Child Last Resided with Parent or Relative From Whom Removed	
FEDERAL AFDC-FG/U ELIGIBILITY REQUIREMENTS					
1 The child was living in the home of the parent or relative from whom removed in either of the following time periods: a. <input type="checkbox"/> In the month of the petition which led to the court order for removal; or b. <input type="checkbox"/> Within six months prior to the month of the petition which led to the court order for removal. (Complete items 2 through 4 as if the child lived with the relative from whom removed in the month of petition.)					
2 In the month of the petition, the child was deprived of parental support or care due to either parent's: <input type="checkbox"/> Death <input type="checkbox"/> Incapacity <input type="checkbox"/> Unemployment <input type="checkbox"/> Absence					
3 Income of all persons in the FBU in the month of the petition meets either of the following: a. <input type="checkbox"/> The tests in A and B below; or b. <input type="checkbox"/> The requirements in effect during the month of the petition, if such month is prior to 12/81. (Attach budget computation.)					
Total Persons in FBU		MBSAC		Total (MBSAC + Nonrecurring Special Needs)	
150% of MBSAC		150% of Special Needs (Recurring and Nonrecurring)		Total (150% MBSAC + 150% Special Needs)	
A. 150% of MBSAC INCOME TEST		B. FINANCIAL ELIGIBILITY TEST		AMOUNT	
1. Gross Earnings		1. Gross Earnings			
2. Earned Income Credit (If applicable)		2. Earned Income Credit (If applicable)		+	
3. Current Child Support Received		3. Work-Related Expenses (\$75 or \$50)		-	
4. Other Unearned Income (Specify)		4. Dependent Care (Up to \$160 each)		-	
5. NET EARNINGS		5. NET EARNINGS		=	
6.		6. 30 and 1/3 Exemption (If applicable)		-	
7.		7. Other Nonexempt Income		+	
8.		8. Court Ordered Child Support Paid		-	
TOTAL INCOME (If less than total MBSAC + 150% Special Needs, complete B.)		TOTAL NET NONEXEMPT INCOME (If less than total MBSAC + Nonrecurring Special Needs, check Yes above.)		=	
4 Property of all persons in the FBU in the month of the petition was below the allowable limit in effect during that month. (Complete below.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
ITEM		AMOUNT/VALUE		ITEM	
a. Cash and Securities		+		f. +	
b. Cash Surrender Value of Life Insurance		+		g. Real Property (Specify) +	
c. Motor Vehicle		+		h. +	
d. Other Personal Property (Specify)		+		i. +	
e. +		+		j. TOTAL PROPERTY =	
AFDC-FG/U LINKAGE DETERMINATION:		AFDC-FG/U in month		AFDC-FG/U in month	
<input type="checkbox"/> Not Eligible for federal AFDC-FG/U in month of petition. <input type="checkbox"/> Eligible for federal AFDC-FG/U in month of petition.		<input type="checkbox"/> Not Eligible for federal AFDC-FG/U in month of petition. <input type="checkbox"/> Eligible for federal AFDC-FG/U in month of petition.		<input type="checkbox"/> Insufficient Information. Not eligible for federal AFDC-FG/U. <input type="checkbox"/> Eligible for federal AFDC-FG/U in month of petition.	
PROPERTY					
INCOME					
DEPRIVATION					
REMOVED FROM HOME OF PARENT OR RELATIVE					
VERIFICATION					

INSTRUCTIONS: Complete in duplicate for use in
discussion with Caretaker Relative

• Original to IM case

• Copy to Caretaker Relative

AFDC PROGRAM CHOICE INDICATOR

			Case Name
Name of Child #1	Name of Child #2	Name of Child #3	Case Number

You may choose to receive aid under either AFDC-FC (Foster Care) or AFDC-FG/U (Family Group/ Unemployed Parent) for the above-named related child(ren) placed in your care by the county welfare department or probation department as a result of a court order. This choice is available to caretaker relatives, other than parents, of children who meet all federal eligibility requirements for AFDC-FC as well as eligibility requirements for AFDC-FG/U.

Read the descriptions of the two programs below carefully before deciding under which one you want to receive aid for the above-named child(ren). Then, indicate your choice by checking one of the two boxes below. Sign and date the form and return it to the county welfare department. If you have any questions, you should contact your eligibility worker or placement worker.

	AFDC—FC	AFDC—FG/U
PAYMENT AMOUNT	AFDC-FC payment for above-named child(ren) \$ _____ AFDC-FG/U payment for other eligible family members (if applicable) + _____ TOTAL for _____ person(s) (per month) \$ _____	AFDC-FG/U payment for all eligible family members including above-named child(ren) \$ _____ TOTAL for _____ person(s) (per month) \$ _____
DATE(S) PAID	On the _____ of the month after the costs are incurred.	On the _____ and _____ of the month for that month.
SOCIAL SERVICES	Placement worker visits are required.	Placement worker visits may be required by the court, but are not required for AFDC-FG/U payments.
LICENSING/ APPROVAL OF HOME	Your home must be approved by the placement worker.	No requirements.
AID FOR OTHER FAMILY MEMBERS	The AFDC-FC payment covers only the needs of the above-named child(ren).	If you are a needy caretaker relative and want aid for yourself and, if applicable, your other needy children in the home, the AFDC-FG/U payment will also cover your and your family's needs, provided all eligibility requirements are met.
REDETERMINATION OF ELIGIBILITY	Required at least every six months.	Required at least once a year.
REPORTING OBLIGATIONS	Any changes in the foster child(ren)'s circumstances must be reported to the county welfare department whenever they occur.	The CA-7 Monthly Income Report is required and failure to file the report in a timely manner may result in a discontinuance of aid.

I have read the above and understand that I may choose AFDC-FC or AFDC-FG/U for the above-named related child(ren) placed in my care. I choose:

☐ AFDC—FC☐ AFDC—FG/U

Caretaker Relative Signature	Date	Eligibility Placement Worker Signature	Phone Number
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INSTRUCTIONS: Complete in duplicate
• Original to Eligibility Worker
• Copy to Service Case

CERTIFICATION OF AFDC-FC REQUIREMENTS

CHILD'S NAME	CASE NAME	CASE NUMBER
--------------	-----------	-------------

Check ALL Applicable Items

- | | | |
|--|--|---|
| <input type="checkbox"/> Initial Placement
(Complete A, C, D, E and, if applicable, B) | <input type="checkbox"/> Change of Authority for Placement
(Complete A and, if applicable, B) | <input type="checkbox"/> Change of Placement/Licensing Status
(Complete D) |
| <input type="checkbox"/> Redetermination of AFDC-FC Eligibility
(Complete A, C, D, E and, if applicable, B) | <input type="checkbox"/> Change of Court Order Status
(Complete B) | <input type="checkbox"/> Change of Payee Information
(Complete E) |

A. AUTHORITY FOR PLACEMENT	1. <input type="checkbox"/> Court Order in effect on file. (Complete B)	<input type="checkbox"/> Detention Order <input type="checkbox"/> Jurisdictional/Dispositional Order	Effective date
	2. <input type="checkbox"/> Parental rights terminated/child relinquished to a licensed adoption agency.	Adoption agency is: <input type="checkbox"/> Public <input type="checkbox"/> Private	Effective date
	3. <input type="checkbox"/> Voluntary placement agreement signed by parent or guardian and placement agency/agencies representative(s) on file.		Effective date
	4. <input type="checkbox"/> Nonrelated legal guardian; Letters of Guardianship of the Person on file.		Effective date
	5. <input type="checkbox"/> Agreement signed by child age 18 and placement agency representative on file. (For continuing placements only)		Effective date

B. COURT ORDER STATUS	1a. Court Number	1b. Date of petition which led to removal	1c. Court order designates placement and care responsibility to: <input type="checkbox"/> CWD <input type="checkbox"/> Probation <input type="checkbox"/> Person named in Order <input type="checkbox"/> Other (specify)
	1d. Name of relative from whom removed		1e. Date child last resided with relative from whom removed
	2a. <input type="checkbox"/> Dependency/Wardship dismissed or detention order no longer in effect.	2b. Date order dismissed/lapsed	2c. <input type="checkbox"/> New authority for placement established. (Complete A)
	3a. <input type="checkbox"/> Court jurisdiction transferred to _____ County	3b. Effective date of court jurisdiction transfer	

C. SERVICES REQUIRE- MENTS	<input type="checkbox"/> Initial assessment (Date: _____)	<input type="checkbox"/> Social Service plan has been developed and is in effect. Plan covers period _____ through _____
	<input type="checkbox"/> Reassessment (Date: _____)	
Date of placement worker's most recent visit with child		<input type="checkbox"/> Family planning services offered as appropriate.

D. LICENSING STATUS OF CURRENT PLACEMENT	1a. <input type="checkbox"/> Family home licensed by CWD or SDSS.	1b. License number (if known)
	2a. <input type="checkbox"/> Approved family home; certified, license pending (court ordered placements only-see EAS 45-101.1 (b)(2))	2b. Certification on file that this home meets licensing standards and no placement in a licensed facility is available or meets this child's service needs.
	3a. <input type="checkbox"/> Approved family home exempt from licensing	3b. <input type="checkbox"/> This home meets this child's needs.
	4a. <input type="checkbox"/> Exclusive-use home of a homefinding agency licensed by SDSS	4b. <input type="checkbox"/> This home has been certified by the homefinding agency and has been issued a certificate of approval.
	5a. <input type="checkbox"/> Private group home licensed by SDSS	5b. Private group home is: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
	5c. <input type="checkbox"/> Placement in a group home is necessary to meet the child's treatment needs and this group home offers the needed treatment services.	5d. <input type="checkbox"/> The homefinding agency is: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit
	3c. This exempt home is the home of: <input type="checkbox"/> Child's relative <input type="checkbox"/> Child's guardian <input type="checkbox"/> Person named in direct court order	4c. The homefinding agency is: <input type="checkbox"/> Profit <input type="checkbox"/> Nonprofit

E. PAYEE INFORMATION	1. <input type="checkbox"/> The family or group home indicated above	Effective date of payee information
	2. <input type="checkbox"/> The CWD or probation placement worker	Name of payee
	3. <input type="checkbox"/> A cooperating public or private child care or child placement agency (e.g. licensed homefinding agency)	Address
	4. <input type="checkbox"/> The child age 16 or over as his/her own payee while temporarily absent from foster care facility (See EAS 45-301.213)	City State Zip Code

☐ Additional Information and/or Comments on Reverse

All information recorded on this form is true and correct to the best of my knowledge.

SIGNATURE OF PLACEMENT WORKER	DATE	TELEPHONE NUMBER
NAME OF AGENCY	ADDRESS/LOCATION	

**AGREEMENT BETWEEN THE PROBATION DEPARTMENT AND THE WELFARE DEPARTMENT
OF THE COUNTY OF _____, STATE OF CALIFORNIA**

This agreement between the Probation Department of the County of _____, State of California, referred to as the "probation department", and the Welfare Department of the County of _____, State of California, referred to as the "welfare department", establishes and/or ratifies existing relationships and procedures between these parties effective the date of execution.

The welfare department is responsible for administering the Aid to Families with Dependent Children Program, including the determination of eligibility and the payment of aid, and for assuring that services are provided for children in foster care for whom AFDC-FC is paid.

Section 408 of the Social Security Act provides federal funds and state law (California Welfare and Institutions Code Section 11450) provides state funds in Aid to Families with Dependent Children payments for certain children living in family homes or group homes.

Section 408 of the Social Security Act, state law (California W&IC Section 11404(a)) and EAS 45-202.612 and 45-203.512 require that a written agreement be in effect between the probation department and the welfare department in order to claim federal and/or state AFDC-FC for costs of care for foster children supervised by a probation department.

The agreement applies to a child who:

1. Meets the general AFDC-FC eligibility requirements in EAS 45-201 as well as those requirements specified in EAS 45-202 or EAS 45-203 and all requirements in Chapter 45-300 which apply; and
2. Was removed from his/her home pursuant to a court order which resulted in his/her placement in foster care and which designated the care, custody and control of the child to the probation department.

FOR EACH CHILD, THE PROBATION DEPARTMENT AGREES TO:

1. Place the child in an eligible facility specified in EAS 45-202.5 or EAS 203.4, and
 - a. If the child is placed in the home of a relative, guardian, or the home of a person named in a direct court order, document that the home is suited to the child's needs.
 - b. If the child is placed into an unlicensed family home under authority of W&IC Sections 362(1)(c), 362.5, or 727(1)(c), certify that:
 - (1) A license application is pending and has not been denied, and the home meets licensing standards for family homes as defined in Title 22 of the California Administrative Code; and
 - (2) Placement in a licensed facility is not available or does not meet the child's service needs.
 - c. If the child is placed in a licensed group home, document that such placement is necessary to meet the treatment needs of the child and that the facility offers those treatment services.
2. Provide the following services in accordance with 45 CFR 233.110(a)(2) and EAS 45-201.4:
 - a. Develop a written assessment of the reasons necessitating the child's placement in foster care and the treatment needs of the child during foster care.
 - b. Update such assessment no less frequently than once every six months.
 - c. Develop and maintain in effect a current social service plan which specifies how the problems or needs of the child identified in the assessment are to be addressed.
 - d. Visit the child as often as appropriate but no less frequently than once every six months.

3. Comply with the informing, offering of assistance with transportation and scheduling, and documentation requirements of MPP Sections 30-206.1 and 30-209.6 with regard to the Child Health Disability Prevention (CHDP) Program.
4. Provide the welfare department with:
 - a. A statement on a form prescribed by the Department of Social Services which certifies that:
 - (1) The requirements in 1 and 2, above, have been met;
 - (2) The child meets the authority for placement requirement of EAS 45-202.4 or EAS 203.313.This certification shall occur as specified in EAS 45-202.52, 45-203.42, and 45-201.4.
 - b. A copy of:
 - (1) The court order which resulted in the child's placement in foster care.
 - (2) The mutual agreement signed by an 18 year old child as required by EAS 45-201.111(c), if applicable.
 - c. All information needed by the welfare department to determine the child's initial and continuing eligibility for AFDC-FC, to whom payment shall be made, and the amount of payment to be made.
5. Complete and submit written and statistical reports required by the welfare department and the State Department of Social Services.

THE WELFARE DEPARTMENT AGREES TO:

1. Provide the probation department with information and brochures on the Child Health and Disability Prevention Program and all regulations and other information on policy changes;
2. Determine eligibility for Aid to Families with Dependent Children and pay aid as appropriate under applicable federal and state statutes and regulations.

The probation department understands that state and federal participation in AFDC-FC payments depends on completion of 1, 2 and 3 above, and on submission of all written reports and information required in 4 and 5 above.

Signed this _____ day of _____, 19 _____

By: _____
Chief Probation Officer

By: _____
County Welfare Director

AGREEMENT BETWEEN THE LICENSED ADOPTION AGENCY AND THE WELFARE DEPARTMENT OF THE COUNTY OF _____, STATE OF CALIFORNIA

This agreement between the licensed adoption agency known as _____, situated in the County of _____, State of California, referred to as the "adoption agency", and the Welfare Department of County of _____, State of California, referred to as the "welfare department", establishes and/or ratifies existing relationships and procedures between these parties effective the date of execution.

The welfare department is responsible for administering the Aid to Families with Dependent Children Program, including the determination of eligibility and the payment of aid, and for assuring that services are provided for children in foster care for whom AFDC-FC is paid.

Section 408 of the Social Security Act provides federal funds and state law (California Welfare and Institutions Code Section 11450) provides state funds in Aid to Families with Dependent Children payments for certain children living in family homes or group homes.

Section 408 of the Social Security Act and state regulations in EAS 45-202.614 and 45-203.514 require that a written agreement be in effect between the adoption agency and the welfare department in order to claim federal and/or state AFDC-FC for costs of care for foster children supervised by an adoption agency.

This agreement applies to a child who meets the general AFDC-FC eligibility requirements in EAS 45-201 as well as those requirements specified in EAS 45-202 or EAS 45-203 and all requirements in Chapter 45-300 which apply; and

1. Has been relinquished to a public or private adoption agency by one or both parents or has been declared free from the care, custody and control of one or both parents; or
2. Prior to relinquishment by one or both parents,
 - a. Has been accepted for voluntary placement by the welfare department or by a public adoption agency; or
 - b. Has been accepted for voluntary placement by the welfare department which has delegated placement and care to a private adoption agency.

FOR EACH CHILD, THE ADOPTION AGENCY AGREES TO:

1. Place the child in an eligible facility specified in EAS 45-202.5 or EAS 45-203.4, and
 - a. If the child is placed in the family home of a relative or the home of a person named in a direct court order, document that the home is suited to the child's needs.
 - b. If the child is placed in a licensed group home, document that such placement is necessary to meet the treatment needs of the child and that the facility offers those treatment services.
2. Provide the following services in accordance with 45 CFR 233.110(a)(2) and EAS 45-201.4:
 - a. Develop a written assessment of the reasons necessitating the child's placement in foster care and the treatment needs of the child during foster care.
 - b. Update such assessment no less frequently than once every six months.
 - c. Develop and maintain in effect a current social service plan which specifies how the problems or needs of the child identified in the assessment are to be addressed.
 - d. Visit the child as often as appropriate but no less frequently than once every six months.

3. Comply with the informing, offering of assistance with transportation and scheduling and documentation requirements of MPP Sections 30-206.1 and 30-209.6 with regard to the Child Health Disability Prevention (CHDP) Program.

4. Provide the welfare department with:

a. A statement on a form prescribed by the Department of Social Services which certifies that:

(1) The requirements in 1 and 2, above, have been met;

(2) The child meets the authority for placement requirement of EAS 45-203.311 for relinquishment or EAS 45-203.314 for voluntary placement.

This certification shall occur as specified in EAS 45-202.52, 45-203.42 and 45-201.4.

b. A copy of:

(1) The voluntary placement agreement, if applicable;

(2) The mutual agreement signed by an 18-year-old child as required by EAS 45-201.111(c), if applicable.

c. All information needed by the welfare department to determine the child's initial and continuing eligibility for AFDC-FC, to whom payment shall be made, and the amount of payment to be made.

5. Complete and submit written and statistical reports required by the welfare department, and the State Department of Social Services.

THE WELFARE DEPARTMENT AGREES TO:

1. Provide the adoption agency with information and brochures on the Child Health and Disability Prevention Program and all regulations and other information on policy changes;
2. Determine eligibility for Aid to Families with Dependent Children and pay aid as appropriate under applicable federal and state statutes and regulations.

The adoption agency understands that state and federal participation in AFDC-FC payments depends on completion of 1, 2, and 3 above, and on submission of all written reports and information required in 4 and 5, above.

Signed this _____ day of _____, 19 ____

By: _____
Executive Director

By: _____
County Welfare Director